St Joseph's House

Performance Report

22 Norman Street
PORT PIRIE SA 5540
Phone number: 08 8632 1450

**Commission ID:** 6100

**Provider name:** The Catholic Diocese of Port Pirie Inc

**Assessment Contact - Site date:** 16 February 2021

**Date of Performance Report:** 21 May 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 22 March 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirements (3)(b) and (3)(d) in relation to Standard 3 and have recommended these Requirements met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirements (3)(b) and (3)(d) and find the service Compliant with Requirements (3)(b) and (3)(d). The reasons for the finding are detailed in the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team were satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

Assessment processes assist the service to identify consumers’ high impact or high prevalence risks. Consumer files sampled demonstrated risks relating to weight loss, falls, behaviour, pain and skin had been identified and appropriate strategies to minimise impact of risks implemented. Additionally, referrals to Medical officers and/or allied health specialists are initiated where additional expertise and support is required. Staff sampled demonstrated an understanding of risks related to consumer care and described management strategies to minimise risks.

For one consumer, whilst wound management is being attended in line with the consumer’s assessed needs, pressure area care was not being consistently documented in line with the service’s process. Additionally, one consumer was not satisfied staff attend their call bell in a timely manner to assist with continence needs. Documentation sampled demonstrated staff had not documented scheduled toileting in line with the consumer’s assessed needs. Information relating to this consumer has been considered in my finding for Standard 7 Requirement (3)(a). Management stated they would provide additional support and training to staff to ensure documentation is completed.

The service has processes to monitor consumers’ high impact or high prevalence risks, including regular ‘high risk’ meeting forums. Clinical indicators are reported and trended on a monthly basis and data, including strategies and interventions for individual consumers, is discussed at monthly meeting forums.

Based on the information detailed above, I find The Catholic Diocese of Port Pirie Inc, in relation to St Joseph’s House, Compliant with Requirement (3)(b) in Standard 3.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team were satisfied the service has processes to ensure deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Most consumers sampled were satisfied staff deliver care and services in line with their care needs and were confident staff would identify and respond to changes to their health or well-being. Care staff sampled described how they raise concerns with clinical staff and confirmed review of the consumer occurs.

Clinical staff identify and effectively manage deterioration to consumers’ health and/or well-being in a timely manner. Two consumer files sampled demonstrated appropriate interventions were commenced where staff identified a change in the consumers’ health and/or well-being. Interventions included referrals to Medical officers and/or allied health professionals in response to weight loss and wounds.

Documentation sampled demonstrated care and clinical staff have received training in relation to Recognition and action of deterioration and health changes. Staff sampled confirmed they had attended the training.

Based on the information detailed above, I find The Catholic Diocese of Port Pirie Inc, in relation to St Joseph’s House, Compliant with Requirement (3)(d) in Standard 3.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in relation to Standard 7 and have recommended the Requirement not met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirement (3)(a) and find the service Compliant with Requirement (3)(a). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team were not satisfied the service adequately demonstrated the workforce is planned to enable, and the number and mix of the workforce deployed enables, the delivery and management of safe and quality care and services. The Assessment Team’s report provided the following evidence:

* One consumer, who requires assistance with continence needs, was not satisfied with timeliness of call bell responses. The consumer stated they will cross their legs, lean forward to stop themselves ”going” which causes a lot of pain. The consumer stated, “it happens often enough to be a problem for me”.
* Call bell data over a 29 day period for the consumer indicated four call bell activations over 10 minutes with five repeated call bell activations.
* Management were unaware of the consumer’s concerns.
* Eight staff sampled stated they do not have enough time to complete their work stating they handover pressure area care, toileting and some documentation.
* Staff allocation sheets viewed for a 39 day period indicated vacant shifts on each shift and/or shifts not replaced.
* Management stated the service has not been at full occupancy so vacant shifts would not necessarily be filled.

The provider’s response indicates the provider accepts the Assessment Team’s findings. The response includes an Action plan outlining a range of actions the service has implemented to address the deficits identified as well as supporting documentation. Actions implemented include, but are not limited to:

* Conducted a Consumer experience survey. Results provided demonstrate where disagree, some of the time, never and neutral responses have been received, actions have been identified, including follow-up with individual consumers.
* Monthly trending of Human resource data, backdated to include February 2021, to monitor impact of work shortages against consumer care and services. Information reported includes shift vacancy trend analysis and occupancy.
* Implemented random, weekly call bell monitoring for the consumer highlighted in the Assessment Team’s report.
* Training provided to staff relating to positioning and repositioning consumers.
* Alarms set in the electronic care system for consumers’ pressure area care and toileting schedules. Documentation to be monitored by senior clinical staff.

I acknowledge the provider’s response, the supporting documentation provided, and the proactive actions initiated in response to the Assessment Team’s findings. Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement.

I acknowledge one consumer was not satisfied with responsiveness to call bells. I have considered information provided by the Assessment Team indicating over a 29 day period, four call bell responses were noted over 10 minutes. I have also considered management were not aware of the consumer’s concerns until alerted by the Assessment Team and actions to address the consumer’s concerns have since been implemented in response. I also acknowledge feedback from staff indicating they do not have sufficient time to complete their work. However, I have considered whilst staff indicated they handover pressure area care, toileting and some documentation, the Assessment Team’s report does not indicate this has directly impacted on consumers’ care and service needs.

In coming to my finding, I have placed weight on information in the Assessment Team’s report indicating the majority of consumers sampled were satisfied staff deliver care and services in line with their care needs. Additionally, two consumers who had previously raised concerns in relation to staffing issues were satisfied their care needs are now being met. Information provided in the Assessment Team’s report demonstrates the service monitors call bell response times on a monthly basis and where issues are identified, documentation sampled demonstrated staff are notified and actions implemented. Additionally, meeting minutes demonstrated call bell response times are reported and monitored. The service have been proactive in addressing the issues identified in the Assessment Team’s report.

Based on the information detailed above, I find The Catholic Diocese of Port Pirie Inc, in relation to St Joseph’s House, Compliant with Requirement (3)(a) in Standard 7.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.